



# SAN JOSE POLICE DEPARTMENT



## DIVISION OF MEDICAL MARIJUANA CONTROL

### IDENTIFICATION BADGE/ BACKGROUND INSTRUCTIONS

#### Step 1- Fill out the new employee application:

If you are applying as an employee\* at a Medical Marijuana Collective, you are required to fill out pages 1-7 of the Collective Employee Application.

*\*If you are applying as a new manager you are required to fill out pages **1 and 2** in addition to pages 1-7 of the application\**

#### Step 2- Make an appointment:

Once you complete the application, submit a request for an appointment at [dmcc.appt@sanjoseca.gov](mailto:dmcc.appt@sanjoseca.gov) to submit your paperwork and be fingerprinted at the San Jose Police Department.

**Walk-ins are NOT accepted. You MUST schedule an appointment.**

#### Step 3- Arrive at the San Jose Police Department *located at 201 West Mission St.* for your appointment:

**At the time of your appointment you are required to bring the following:**

- 1) Your **completed employee application** pages 1-7
- 2) Government issued photo identification card
- 3) Physician's recommendation for the medical use of marijuana
- 4) **\$200 processing fee for all new employees**  
(**\$126 application fee and \$74 fingerprint fee**)

**EXACT change only**

**Payments include: cash, credit cards, or checks made out to the City of San Jose.**

When you arrive at the San Jose Police Department please tell the Officers in the front lobby you are here for a **Medical Marijuana Appointment**. They will then direct you back to the Permits Unit where a staff member of the Division will process your application.

#### Step 4- Receive your badge:

You will receive your Identification badge at the time of your appointment and you are ready to start working!

Reminder: This badge is property of the City of San Jose.

If you leave employment at the Collective, you are **NOT** permitted to keep this badge! You are required to turn over your Identification Badge to the Collective manager.

If you have any further questions, please call the Division of Medical Marijuana Control at (408) 537-1420 or email [dmcc.appt@sanjoseca.gov](mailto:dmcc.appt@sanjoseca.gov)

APPLICATION TO WORK AT A MEDICAL MARIJUANA COLLECTIVE: INDIVIDUAL  
\_\_\_ EMPLOYEE \_\_\_ OWNER \_\_\_ MANAGER



SAN JOSE POLICE DEPARTMENT

DIVISION OF MEDICAL  
MARIJUANA CONTROL



APPLICATION TO WORK AT A MEDICAL MARIJUANA COLLECTIVE

Pages 1 through 7 of this Application shall be completed by *each* Owner, Manager and Individual participating in the cultivation, processing, manufacturing, transporting or dispensing of Medical Marijuana. Please use a new application for every applicant.

COLLECTIVE:

Check the box of position you  
will hold in the Collective:

Employee

Owner

Manager

OFFICIAL USE ONLY

\_\_\_ New Badge

Expiration date: \_\_\_\_\_

\_\_\_ Renewal badge

Expiration date: \_\_\_\_\_

\_\_\_ Paid: \$ \_\_\_\_\_

\_\_\_ Invoice: \$ \_\_\_\_\_

Individual Background:

1. Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Alias(es): \_\_\_\_\_

2. Date of Birth: \_\_\_\_\_

3. Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Gender: \_\_\_\_\_

4. Home Address (a P.O. Box will not satisfy this requirement): \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

5. Telephone number (where you can be reached 24 hrs a day): \_\_\_\_\_

E-mail address: \_\_\_\_\_

6. California DL/ID Number: \_\_\_\_\_ Other Government Photo ID \_\_\_\_\_

**APPLICATION TO WORK AT A MEDICAL MARIJUANA COLLECTIVE: INDIVIDUAL**  
**\_\_\_ EMPLOYEE      \_\_\_ OWNER      \_\_\_ MANAGER**

**NOTE: Attach a copy of valid government issued photo identification card or license containing the following information: name, date of birth, and physical description. Acceptable forms of government issued identification include: a driver's license or photo identification card issued by the State Department of Motor Vehicles, a passport issued by the United States government, a United States Military Identification card, or a Permanent Resident card.**

7. Attach a copy of your County-issued Medical Marijuana Program Act (MMPA) identification card or a copy of your physician's recommendation for the medical use of marijuana.

9. If you are participating in the Collective as a primary caregiver, attach a copy of the written documentation provided by *each* qualified patient member designating you as his or her primary caregiver.

10. Job Title/Position with the Collective: \_\_\_\_\_

11. Description of Job Duties/Position Duties:

**Criminal History:**

If you have been convicted of a crime (other than an infraction traffic violation) or you are currently on probation or parole, provide the information requested below. Attach additional sheets if necessary. Incomplete information may be grounds for the Individual and/or the Collective being disqualified from the registration process.

Criminal Case No:	
Statute Violated/Charges :	
Date of Conviction:	
Date of Imposition of Probation and/or Parole:	
Name and Address of sentencing court:	

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Statute Violated/Charges :	
Date of Conviction:	
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Statute Violated/Charges :	
Date of Conviction:	
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Name and Address of sentencing court:	

**APPLICATION TO WORK AT A MEDICAL MARIJUANA COLLECTIVE: INDIVIDUAL**  
**\_\_\_ EMPLOYEE      \_\_\_ OWNER      \_\_\_ MANAGER**

**Prior Experience At A Collective:**

Have you had any previous experience at a Collective?                      No                      Yes

If yes, provide a detailed explanation of your involvement with any other Collective including, but not limited to: the name and address of the Collective; the capacity in which you were involved with the Collective; whether the Collective is or was the subject of any criminal investigation or prosecution, civil investigation, administrative action or civil lawsuit; whether you or the Collective with which you are or were associated has ever been denied, or is in the process of being denied registration, a permit, a license or any other authorization to operate a Collective in any other city, county or state; and whether you or the Collective with which you are or were associated has ever had a registration, license, permit or any other authorization to operate a Collective in any other city, county or state suspended or revoked, and the reasons therefore. Attach additional pages if necessary. **Incomplete information may be grounds for the Individual and/or the Collective being disqualified from the registration process.**

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**Residence History:**

List all residences you have had for the past three (3) years. Attach additional pages if necessary.

Number & Street Name:	
City, State, Zip:	
Length of Stay:	
Contact Person / Phone	

Number & Street Name:	
City, State, Zip:	
Length of Stay:	
Contact Person / Phone	

Number & Street Name:	
City, State, Zip:	
Length of Stay:	
Contact Person / Phone	

**APPLICATION TO WORK AT A MEDICAL MARIJUANA COLLECTIVE: INDIVIDUAL**  
**\_\_\_ EMPLOYEE      \_\_\_ OWNER      \_\_\_ MANAGER**

**Employment History:**

Beginning with your current employment, list your work history for the previous three (3) years. Attach a separate sheet of paper to complete your list if necessary.

Company Name:	
Address:	
City, State, Zip	
Phone No.	
Supervisor/Contact Name:	
Dates of Employment:	
Description of Job Duties: Reason Left Employment?	

Company Name:	
Address:	
City, State, Zip	
Phone No.	
Supervisor/Contact Name:	
Dates of Employment:	
Description of Job Duties: Reason Left Employment?	

Company Name:	
Address:	
City, State, Zip	
Phone No.	
Supervisor/Contact Name:	
Dates of Employment:	
Description of Job Duties: Reason Left Employment?	

**Fingerprinting & Badging:**

Each Collective owner, manager and individual participating in the cultivation, processing, manufacturing, transporting or dispensing of medical marijuana shall:

- 1) Be fingerprinted and badged by the Police Department prior to performing any work for the collective.
- 2) At all times, while engaged in the duties of his or her position for the Collective, wear in plain sight, on his or her person and at chest level, a valid identification badge, issued by the Chief of Police.

Prior to submitting pages 1-7 of this Application, please contact San Jose Police Department Division of Medical Marijuana Control at [dmmc.appt@sanjoseca.gov](mailto:dmmc.appt@sanjoseca.gov) or call 408-537-1420 to schedule an appointment for fingerprinting, badging, and payment of associated fees.

APPLICATION TO WORK AT A MEDICAL MARIJUANA COLLECTIVE: INDIVIDUAL  
\_\_\_EMPLOYEE \_\_\_OWNER \_\_\_MANAGER



SAN JOSE POLICE  
DEPARTMENT



**Questionnaire For Owners, Managers & Individuals Participating in the  
Cultivation, Processing, Manufacturing, Transporting Or Dispensing Of Medical Marijuana**

Next to each question, please answer “Yes” or “No.” **If you answer “Yes” to any of the questions, attach a separate sheet of paper explaining your answer and providing all information necessary for the City to confirm the information you provided, including, but not limited to the jurisdiction where the activity occurred.** A “Yes” answer does not necessarily mean the Collective will be disqualified from the registration process. Additional documentation may be requested by the City if the information presented is deemed insufficient to complete the investigation.

1. \_\_\_\_\_ Have you ever applied for or received a license, certificate, permit, or registration to practice in a regulated profession under ***any*** name other than the name listed on this application?
2. \_\_\_\_\_ Have you ever had a license, certificate, permit, or registration to practice in a regulated profession denied, suspended or revoked, or in any way conditioned, curtailed, limited, or restricted, in or by any jurisdiction (including San Jose)?
3. \_\_\_\_\_ Is any administrative, civil or criminal action pending against you now by any licensing or regulatory agency?
4. \_\_\_\_\_ Have you ever been subject to a Temporary Restraining Order (TRO) or a petitioner for a TRO, Preliminary Injunction or Permanent Injunction?
5. \_\_\_\_\_ In the last five (5) years, have you owned or leased a location or premises that has been the subject of an administrative, civil or criminal nuisance abatement action, court judgment or administrative determination finding the location or premises to be a nuisance?

Name :				
Job Title:				
Signature:				
Date:				
Address				
City, State, Zip				
Contact Phone No. & E-mail	Phone		Email	

**APPLICATION TO WORK AT A MEDICAL MARIJUANA COLLECTIVE: INDIVIDUAL**  
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**INDIVIDUAL AFFIDAVIT**

**(To Be Completed By *Each* Owner, Manager and Member Participating In the Cultivation, Processing, Manufacturing, Transporting or Dispensing of Medical Marijuana)**

I, the undersigned, declare under penalty of perjury that to the best of my knowledge, the information pertaining to me and contained in this Application, and its supporting documentation, is truthful, correct, and complete; and, the information pertaining to me and contained in this Application, and its supporting documentation, discloses all material facts necessary to allow the City of San Jose to properly evaluate the applicant's qualifications for Registration.

Upon the City's request, I promise to provide the City with evidence reasonably satisfactory to the City confirming the foregoing representations and warranties.

I will ensure that any information related to me and subsequently submitted to the City in conjunction with this Application or its supporting documentation meets the same standard as set forth above.

I understand that this Application may be classified as a public record and may be available for inspection by the public, except with regard to the release of information which is classified as controlled, private, or protected under the California Public Records Act or otherwise restricted by law.

I acknowledge that I may be required to provide additional information, as needed, for a complete investigation and hereby agree to provide that information within ten (10) calendar days of the date of the request.

**I further understand that any misrepresentations, omissions or falsifications may result in the applicant being disqualified from the Registration process and/or the Registration, once issued, subsequently being deemed null and void by the City.**

Name :				
Job Title:				
Signature:				
Date:				
Address				
City, State, Zip				
Contact Phone No. & E-mail	Phone		Email	

**APPLICATION TO WORK AT A MEDICAL MARIJUANA COLLECTIVE: INDIVIDUAL**  
**\_\_\_ EMPLOYEE      \_\_\_ OWNER      \_\_\_ MANAGER**

**INDIVIDUAL AUTHORIZATION FOR RELEASE OF INFORMATION**

**(To Be Completed By *Each* Owner, Manager and Member Participating In the Cultivation, Processing, Manufacturing, Transporting or Dispensing of Medical Marijuana)**

I, the undersigned, declare that I am an owner or manager for the applicant, or that I am a member of the applicant and I participate in the cultivation, processing, manufacturing, transporting or dispensing of medical marijuana on behalf of the applicant.

**COLLECTIVE NAME:** \_\_\_\_\_

I authorize all persons, institutions, organizations, schools, governmental agencies, employers, references, or any others not specifically included in the preceding characterization, to release to the San Jose Police Department any files, records, or information of any type pertaining to me.

The information is being requested by the San Jose Police Department to properly evaluate the applicant's qualifications for badging and the Collective's qualifications for Registration by the City of San Jose. A copy of this Authorization shall be as valid, and provide the same authorization as, the original.

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**DATE OF BIRTH**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**